



Tip Sheet

October 2001

United States Postal Inspection Service

The United States Postal Service has not had one confirmed incident involving the use of the mails to transmit any weapons of mass destruction to include chemical or biological agents.

Weapons of Mass Destruction

How likely is it that someone would receive Weapons of Mass Destruction (WMD) in the mail?

The Postal Service delivers approximately 208 billion pieces of mail per year, and presently we have not found any real WMD incidents (which includes Anthrax) only threats or hoaxes (no biological agent present).

How often do these threats and hoaxes occur?

During FY 1999 and FY 2000, there were approximately 178 Anthrax threats received at courthouses, reproductive health service providers (clinics offering abortion services and/or counseling), churches, schools, and post offices. During FY 2001 we have had only approximately 60 threats or hoaxes which included Anthrax, Hoof and Mouth Disease, the Klingerman Virus Hoax and others.

Chemical and biological weapons are sometimes referred to as the "poor man's nuclear weapons" and pose a significant threat in the post-Cold War environment. The relative low cost and simplicity of design and technology make them the weapons of mass destruction choice for a variety of rogue states and terrorist and non-state organizations. Although acts of chemical and biological agent terrorism have not been prevalent in the U.S. up to now, these acts or threats of acts is enough to disrupt operations

The Federal Bureau of Investigation (FBI) has been designated as the Lead Federal Agency for crisis management in all acts of terrorism and uses or threats of Weapons of Mass Destruction (WMD).

What Should I do if I Receive an Anthrax Threat by Mail?

- Double bag the letter or package in zipper-type or zip-lock type plastic bags using latex gloves, if possible, and a particulate mask;
- Wash your hands with soap and water;
- Notify your immediate supervisor and local police, Postal Inspectors and the FBI, who will arrange to collect the letter or the threat and assess the threat situation;
- Notify the local, county, and state health departments;
- Notify the state emergency manager;
- Ensure that all persons who have touched the letter wash their hands with soap and water;

- List all persons who have touched the letter and/or envelope with locating and contact information and provide the list to appropriate people;
- Place all items worn at the time in plastic bags and keep them wherever you change your clothes and have them available for law enforcement, should they request them.
- Shower with soap & water
- Take medication until otherwise instructed or it runs out;
- Notify Center for Disease Control (CDC) Emergency Response at 770-488-7100 for any questions or if you require further information.

What is Anthrax?

Anthrax is a bacterial, zoonotic disease caused by *Bacillus Anthracis*, a rod-shaped, gram positive, sporulating organism with the spores constituting the usual infective form. Anthrax occurs in domesticated and wild animals, primarily herbivores, including goats, sheep, cattle, horses, and deer, but other animals may be infected.

The skin form of the human disease may be contracted by handling contaminated hair, wool, hides, flesh, blood or excreta of infected animals and from manufactured products such as bone meal. Infection is introduced through scratches or abrasions of the skin, wounds, inhalation of spores, eating insufficiently cooked infected meat or flies. *The spores are very stable and may remain viable for many years in soil and water.* They will resist sunlight for varying periods.

What Are the Symptoms and Effects of Anthrax?

After an incubation period of 1-7 days, the onset of inhalation anthrax is gradual.

Possible symptoms include:

- fever
- malaise
- fatigue
- cough
- mild chest discomfort followed by severe respiratory distress

This mild illness can progress rapidly to respiratory distress and shock in 2-4 days followed by a range of more severe symptoms including difficulty breathing, exhaustion, tachycardia, cyanosis and terminal shock can occur. Death usually occurs within 24 hours of respiratory distress onset.

What Are the Clinical Features of Anthrax?

Anthrax is an acute bacterial infection of the skin, lungs, or gastrointestinal tract. Infection occurs most commonly via the skin route and only very rarely via the others.

The cutaneous or skin form occurs most frequently on the hands and forearms of persons working with infected livestock or contaminated animal products and represents 95% of cases of human anthrax. It is initially characterized by a papule which progresses to a fluid filled blister with swelling at the site of infection. The scab that typically forms over the lesion can be black as coal, hence the name anthrax, Greek for coal. With treatment, the case fatality rate should be less than 1% among cutaneous cases. The fatality rate for **untreated inhalational or intestinal** anthrax is over 90%.

The inhalational form is contracted by inhalation of the spores, occurs mainly among workers handling infected animal hides, wool, and furs. Under natural conditions, inhalational anthrax is exceedingly rare, with only 18 cases having been reported in the United States in the 20th century.

What Is the Treatment for Anthrax?

Treatment with antibiotics beginning one day after exposure to a lethal aerosol challenge with anthrax spores (8,000 – 22,000 spores) has been shown to provide significant protection against death in monkeys, especially when combined with active immunization. Penicillin, doxycycline, ciprofloxacin, are all effective against most strains of B anthracis. Penicillin is the drug of choice for naturally occurring anthrax. If untreated, inhalational anthrax is fatal. For post-exposure prophylaxis the administration of antibiotics should be continued for at least 4 weeks in those exposed and if available, those exposed should receive 3 doses of vaccine before antibiotics are discontinued.

A vaccine is available and consists of a series of 6 doses over 18 months with yearly boosters. The first vaccine of the series must be given at least 6 weeks before exposure to the disease. This vaccine, while known to protect against anthrax acquired through the skin, is also believed to be effective against inhaled spores. While a vaccine does exist for anthrax, its availability to the general public is not widespread.

Effective decontamination can be accomplished by boiling contaminated articles in water for 30 minutes or longer and using some of the common disinfectants. Chlorine is effective in destroying spores and vegetative cells. Remember, anthrax spores are stable, able to resist sunlight for several hours and able to remain alive in soil and water for years.

Additional Resources:

The **Federal Bureau of Investigation (FBI)** is the lead Federal agency for crisis management for all acts of terrorism and in all threats or incidents of WMD. The FBI will coordinate the Federal Government's efforts to prepare the nation's response community for threats involving Weapons of Mass Destruction (WMD). The National Domestic Preparedness Office (NDPO) works in conjunction with other Federal, State and Local Crisis Managers specific to WMD and will perform an Interagency Threat Assessment and deploy a Domestic Emergency Support Team (DEST) if a threat is received. To contact them call: 202-324-0259, FBI Special Information Operations Center, SIOC

The **Defense Threat Reduction Agency (DTRA)** is a new agency that is charged with reducing the present threat to the U.S. and its allies from WMD and preventing future threats. DTRA focuses Department of Defense efforts to prepare for and respond to chemical or biological attacks. The CB Hotline is 1-800-424-8802. The web site is <http://www.dtra.mil/>.

The **Centers for Disease Control and Prevention(CDC)** is responsible for coordinating all public health and would be contacted at the Emergency Preparedness

and Response Branch, National Center for Environmental Health to report an incident at 770-488-7100. Their web site is <http://cdc.gov>.

What constitutes a “suspicious parcel?”

Some typical characteristics Postal Inspectors have detected over the years, which ought to trigger suspicion, include parcels that may:

- Be unexpected or from someone unfamiliar to you.
- Be addressed to someone no longer with your organization or otherwise outdated (e.g., improper title).
- Bear no return address, or one that can't be verified as legitimate.
- Be of unusual weight, given its size, or be lopsided.
- Be marked with restrictive endorsements, such as “Personal” or “Confidential.”
- Exhibit protruding wires, strange odors or stains.
- Exhibit a city or state in the postmark that doesn't match the return address.

What should I do if I've received a suspicious parcel in the mail?

- Do not try to open the parcel, as they are usually designed to withstand handling while in the mail, and to explode when opened or when an item is removed.
- Isolate the parcel.
- Evacuate the immediate area.
- Call a Postal Inspector to report that you've received a parcel in the mail that may be a bomb.